STUDENT EVALUATION OF CLASS AND SCHOOL

Teacher_____Program_____Date_____

In order that we may better understand how your vocational program is serving you and improvements that may be needed, we ask you to evaluate your vocational training honestly and thoughtfully. You name is not requested.

1.	Are you provided sufficient work?	YES	NO
2.	Are you treated fairly?	YES	NO
3.	Does your instructor give enough individual help?	YES	NO
4.	Can you understand your instructor's directions?	YES	NO
5.	When you ask your instructor questions, does he/she give satisfactory answers?	YES	NO
6.	Are you receiving the training you want from this class?	YES	NO
7.	Do you feel the instructor should help you more?	YES	NO
8.	Are some students given too much freedom?	YES	NO
9.	Do classes begin on time?	YES	NO
10.	Are you given enough tests?	YES	NO
11.	Do you have regular assignments?	YES	NO
12.	Are you required to observe safety practices	YES	NO
13.	Is your instructor patient?	YES	NO
14.	Does the instructor stimulate thinking on your part?	YES	NO
15.	Does the instructor believe in his/her field?	YES	NO
16.	Does your instructor praise good work?	YES	NO
17.	Do you feel daily work is well planned in advance?	YES	NO
18.	Does your instructor teach good work habits?	YES	NO
19.	Does your instructor use a variety of instructional aids?	YES	NO
20.	Is your work graded on neatness and workmanship?	YES	NO
21.	Does your instructor require discipline?	YES	NO
22.	Have you witnessed prejudice or been discriminated against by school staff in regard to sex, race, or disability?	YES	NO
23.	Do you receive respect and concern when dealing with the Area Technology Center Principal?	YES	NO
24.	Do you know how to find a job?	YES	NO
25.	Would you recommend this school to others?	YES	NO
26.	Do you find the facilities clean and comfortable?	YES	NO

Describe three (3) things about your program or the school that you enjoy.
1.
2.
3.

Describe three (3) things about your program or the school that should be improved.
1.
2.
3.

Student Course Evaluation

Course _____ Teacher _____ Term _____

In an effort to evaluate and improve courses at (*School Name*), we are seeking the opinions of students concerning key aspects of each course. Please read the following statements carefully. Circle the response that indicates your opinion of the course, teacher, and classroom/lab/equipment.

Please use the following scale to rate each of the evaluation items.

4	Excellent	2	Fair
3	Good	1	Poor

COURSE

	4	3	2	1
1. A course syllabus was presented and reflected the course objectives, grading procedures, and requirements.	4	3	2	1
2. Safety rules and regulations were presented and followed.	4	3	2	1
3. Course materials and supplies were appropriate.	4	3	2	1
4. Audiovisual and/or other instructional media were used effectively and appropriately.	4	3	2	1
5. The instruction included hands-on training when appropriate.	4	3	2	1
6. Tests and assignments related to the objectives of the course.	4	3	2	1

TEACHER

	4	3	2	1
7. The teacher and subject matter were nondiscriminatory.	4	3	2	1
8. The teacher began and ended class promptly.	4	3	2	1
9. The teacher presented the subject matter clearly.	4	3	2	1
10. The teacher displayed a positive and cooperative attitude.	4	3	2	1
11. The teacher gave students the opportunity to ask questions in class.	4	3	2	1
12. The teacher encouraged students to think for themselves.	4	3	2	1
13. The teacher provided reasonable accommodations for students with extenuating circumstances.	4	3	2	1
14. The teacher permitted students to see and review corrected assignments/tests.	4	3	2	1
15. The teacher provided time to assist students individually.	4	3	2	1
16. Overall, the instruction in this course was effective.	4	3	2	1

CLASSROOM/LAB/EQUIPMENT

	4	3	2	1
17. The classroom and/or lab was adequately equipped.	4	3	2	1
18. The classroom and/or lab was well maintained.	4	3	2	1

(Please write additional comments on back of page.)